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EXAMINER	
COBANOGLU, DILEK B	
ART UNIT	**PAPER NUMBER**
3626	

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Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary	Application No.	Applicant(s)	
	09/978,221	YU, QI	
	Examiner	Art Unit	
	Dilek B. Cobanoglu	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *16 October 2001*.

2a)☐ This action is **FINAL**. 2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-53* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-53* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08) Paper No(s)/Mail Date _____.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____.
5) ☐ Notice of Informal Patent Application (PTO-152)
6) ☐ Other: _____.

DETAILED ACTION

1. Claims1 to 53 have been examined.

Claim Objections

2. Claims 13 and 14 are objected to because of the following informalities: Claims 13 and 14 are exactly same as claims 9 and 10 respectively. Appropriate correction is required.

3. Part e (5) of claims 21 and 22 should be d (5) according to claims 23 and 24. Appropriate correction is required.

Claim Rejections - 35 USC § 102

4. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

> A person shall be entitled to a patent unless –
>
> (e) the invention was described in (1) an application for patent, published under section 122(b), by another filed in the United States before the invention by the applicant for patent or (2) a patent granted on an application for patent by another filed in the United States before the invention by the applicant for patent, except that an international application filed under the treaty defined in section 351(a) shall have the effects for purposes of this subsection of an application filed in the United States only if the international application designated the United States and was published under Article 21(2) of such treaty in the English language.

5. Claim 1, 3, 5, 9, 15, 17, 21, 23, 43-45 are rejected under 35 U.S.C. 102(e) as being unpatentable by Albert et al. (U.S. Patent No. 6,264,614,B1).

A. As per claim 1, Albert et al discloses a method of providing distance-treatment for registered users through public network, comprising the steps of:

(a) providing a treatment instrument connected with an information connection system of each of said registered users, wherein said information connection system is arranged to be capable of communicating with a service provider through a public network (Albert et al; col.2, lines 16-36);

(b) verifying said registered user and admit said registered user to login said service provider (Albert et al; col.6, lines 54-65);

(c) receiving a treatment request from said information connection system of said registered user through said public network (Albert et al; col.5, lines 27-44 and 48-52);

(d) based on said treatment request and a health information profile preset for said registered user in said service provider, selecting a treatment information data package from a treatment information database provided by said service provided (Albert et al; col.3, lines 14-19 and col.4, lines 5-6); and

(e) sending digital treatment signals of said treatment information data package to said treatment instrument through said information connection system of said registered user via said public network to control a treatment operated by said treatment instrument on said registered user (Albert et al; col.2, lines 16-36).

B. As per claim 3, Albert et al. discloses the method, as recited in claim 1, before the step (a), further comprising a step of providing said treatment information

database and a health information database for said service provider, wherein said treatment information database includes a plurality of treatment information with respect to different kinds of classified health problem and said health information database includes health information profiles established for said registered users respectively, wherein each of said health information profiles includes a personal general information and a personal health information of said respective registered user (Albert et al; col.9, lines 34-40).

C. As per claim 5, Albert et al. discloses the method, as recited in claim 3, wherein said personal general information includes a specific user ID and a specific password registered by each of said registered users and a specific passcode assigned to each of said registered users by said service provider (Albert et al; col.8, lines 19-24 and col. 10, lines 55-59).

D. As per claim 9, Albert et al. discloses the method, as recited in claim 3, wherein the step (a) further comprises a step of registering said treatment instrument in said service provider so as to make a corresponding record in said health information profile of said respective registered user (Albert et al; col.9, lines 8-20).

E. As per claim 15, Albert et al. discloses the method, as recited in claim 5, wherein in the step (b), said registered user is verified by said user ID, said password and said passcode of said registered user (Albert et al; col.8, lines 20-25).

F. As per claim 17, Albert et al. discloses the method, as recited in claim 5, wherein the step (b) further comprises the steps of:

(b-1) receiving a login request from said information connection system of said registered user (Albert et al; col.8, lines 6-25);

(b-2) sending a login page to said information connection system of said registered user to collect said user ID, said password and said passcode of said respective registered user (Albert et al; col.8, lines 6-25);

(b-3) authorizing said received user ID, password and passcode from said registered user by checking against all said personal general information of said health information profiles of said health information database (Albert et al; col.8, lines 6-25); and

(b-4) sending said member page to said registered user when said user is verified as said registered user in record, wherein said member page is a tailored web-pages for allowing said registered user to access and amend said health information profile thereof, informing said current health condition of said registered user based on said health information profile of said registered user, providing list of health problems and diseases of said registered user, and placing said treatment request (Albert et al; col.8, lines 6-25).

G. As per claim 21, Albert et al. discloses the method, as recited in claim 5, wherein the step (d) further comprises the steps of:

(d-1) enabling said registered user to select said particular health problem and disease to be treated from said list of said health problems and diseases that said registered user suffers (Albert et al; col.2, lines 34-37);

(d-2) enabling said registered user to select said specific recommended biological treatment with respect to said selected health problem or disease (Albert et al; col.8, lines 20-25);

(d-3) calling said personal general information and personal health information of said health information profile of said registered user from said health information database to reference said specific recommended biological treatment selected by said registered user (Albert et al; col.9, lines 34-39);

(d-4) selecting, by said service provider, said specific treatment information data package from said treatment information database regarding to said selected recommended biological treatment and said health information profile of said registered user, wherein said treatment information data package contains said digital treatment signals adapted for controlling said specific treatment instrument connected to said information connection system of said registered user (Albert et al; col.6, lines 45-65); and

(d-5) sending said treatment information data package to said information connection system of said registered user through said public network so as to transmit said digital treatment signals to said information connection

system for controlling said treatment instrument (Albert et al; col.8, lines 25-30).

H. As per claim 23, Albert et al. discloses the method, as recited in claim 17, wherein the step (d) further comprises the steps of the same steps as the claim 21; therefore claim 23 is rejected with the same reasons as claim 21 and incorporated herein.

I. As per claim 43, Albert et al. discloses a system of providing distance-treatment for registered users through public network, comprising:

i. a service provider providing a treatment information database and a health information database, wherein said treatment information database includes a plurality of treatment information with respect to different kinds of classified health problem and said health information database includes health information profiles established for said registered users respectively, wherein each of said health information profiles includes a personal general information and a personal health information for said respective registered user (Albert et al; col.2, lines 11-15, 34-37 and 59-66);

ii. an information connection system adapted to be operated by said registered user (Albert et al; col.2, lines 22-26);

iii. a public network networking said information connection system with said service provider for data communication (Albert et al; col.2, lines 26-29); and

iv. at least a treatment instrument which is electrically connected with said information connection system for providing a treatment for said respective registered user (Albert et al; col.2, lines 18-22);

v. wherein a treatment information data package sent from said service provider via said information connection system through said public network to provide digital treatment signals to control said treatment, wherein said treatment information data package is selected from said treatment information database based on a treatment request sent from said information connection system to said service provider and said health information profile of said registered user in said service provider (Albert et al; col.8, lines 25-30).

J. As per claim 44, Albert et al. discloses the system, as recited in claim 43, wherein said service provider comprises a Web Server, said information connection system comprises a personal computer and said public network is an Internet which is a data transmission network connecting said service provider and said information connection system (Albert et al; col.2, lines 22-29).

K. As per claim 45, Albert et al. discloses the system, as recited in claim 44, wherein said computer functions as said treatment instrument through a monitor and speakers of said computer.

Claim Rejections - 35 USC § 103

6. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

7. Claims 2, 4, 6, 10, 12, 16, 18, 22, 24-42, 46 are rejected under 35 U.S.C. 103(a) as being unpatentable over Albert et al (U.S. Patent No. 6,264,614,B1) in view of Albert et al. (U.S. Patent No. 5,735,285) which will be recalled Albert et al (2) in this action.

A. As per claim 2, Albert et al. discloses the method, as recited in claim 1, after the step (e), further comprising a step (f) of decoding said digital treatment signals into analog treatment signals which are sent to said treatment instrument to program and control said treatment of said registered user when said treatment instrument is an analog type treatment instrument (Albert et al; col.2, lines 48-55).

Albert et al. fails to expressly teach decoding digital treatment signals into analog treatment signals, per se, since it appears that Albert et al. is more directed to teach decoding analog treatment signals into digital treatment signals. However, this feature is well known in the art, as evidenced by Albert et al (2).

In particular, Albert et al (2) discloses a method and apparatus of biomedical waveform data from a patient to an attending physician

wherein selected data may then be played back into digital to analog converter (Albert et al (2); col. 4, lines 1-8).

It would have been obvious to one having ordinary skill in the art at the time of the invention to have combined the decoding analog treatment signals into digital treatment signals with the selected data played back into digital to analog converter with the motivation of further demodulation, review and opinion (Albert et al (2); col. 4, lines 1-8).

B. As per claim 4, Albert et al. discloses the method, as recited in claim 2, before the step (a), further comprising a step of providing said treatment information database and a health information database for said service provider, wherein said treatment information database includes a plurality of treatment information with respect to different kinds of classified health problem and said health information database includes health information profiles established for said registered users respectively, wherein each of said health information profiles includes a personal general information and a personal health information of said respective registered user (Albert et al; col.9, lines 34-40).

C. As per claim 6, Albert et al. discloses the method, as recited in claim 4, wherein said personal general information includes a specific user ID and a specific password registered by each of said registered users and a specific passcode assigned to each of said registered users by said service provider (Albert et al; col.8, lines 19-24 and col. 10, lines 55-59).

D. As per claim 10, Albert et al. discloses the method, as recited in claim 4, wherein the step (a) further comprises a step of registering said treatment instrument in said service provider so as to make a corresponding record in said health information profile of said respective registered user (Albert et al; col.9, lines 8-20).

E. As per claim 16, Albert et al. discloses the method, as recited in claim 6, wherein in the step (b), said registered user is verified by said user ID, said password and said passcode of said registered user (Albert et al; col.8, lines 20-25).

F. As per claim 18, Albert et al. discloses the method, as recited in claim 6, wherein the step (b) further comprises the steps of:

(b-1) receiving a login request from said information connection system of said registered user (Albert et al; col.8, lines 6-25);

(b-2) sending a login page to said information connection system of said registered user to collect said user ID, said password and said passcode of said respective registered user (Albert et al; col.8, lines 6-25);

(b-3) authorizing said received user ID, password and passcode from said registered user by checking against all said personal general information of said health information profiles of said health information database (Albert et al; col.8, lines 6-25); and

(b-4) sending said member page to said registered user when said user is verified as said registered user in record, wherein said member page is a

tailored web-pages for allowing said registered user to access and amend said health information profile thereof, informing said current health condition of said registered user based on said health information profile of said registered user, providing list of health problems and diseases of said registered user, and placing said treatment request (Albert et al; col.8, lines 6-25).

G. As per claim 22, Albert et al. discloses the method, as recited in claim 6, wherein the step (d) further comprises the steps of:

(d-1) enabling said registered user to select said particular health problem and disease to be treated from said list of said health problems and diseases that said registered user suffers (Albert et al; col.2, lines 34-37);

(d-2) enabling said registered user to select said specific recommended biological treatment with respect to said selected health problem or disease (Albert et al; col.8, lines 20-25);

(d-3) calling said personal general information and personal health information of said health information profile of said registered user from said health information database to reference said specific recommended biological treatment selected by said registered user (Albert et al; col.9, lines 34-39);

(d-4) selecting, by said service provider, said specific treatment information data package from said treatment information database regarding to said selected recommended biological treatment and said

health information profile of said registered user, wherein said treatment information data package contains said digital treatment signals adapted for controlling said specific treatment instrument connected to said information connection system of said registered user (Albert et al; col.6, lines 45-65); and

(d-5) sending said treatment information data package to said information connection system of said registered user through said public network so as to transmit said digital treatment signals to said information connection system for controlling said treatment instrument (Albert et al; col.8, lines 25-30).

H. As per claim 24, Albert et al. discloses the method, as recited in claim 18, wherein the step (d) further comprises the steps of the same steps as the claim 22; therefore claim 24 is rejected with the same reasons as claim 22 and incorporated herein.

I. As per claim 25, Albert et al. discloses the method, as recited in claim 1, after the step (e), further comprising a step (f) of feeding back a responsive health information of said registered user to said service provider for controlling and adjusting properties of said digital treatment signals of said treatment information data package to be sent from said service provider to said information connection system of said registered user (Albert et al; col.8, lines 20-30).

Albert et al. fails to expressly teach controlling and adjusting properties of said digital treatment signals, per se, since it appears that Albert et al. is

more directed to teach processing and sending signals (Albert et al; col.2, lines 22-29). However, this feature is well known in the art, as evidenced by Albert et al (2).

In particular, Albert et al (2) discloses a method and apparatus of biomedical waveform data from a patient to an attending physician wherein the user may increase or decrease the waveform amplitude (Albert et al (2); col. 7, lines 58-60).

It would have been obvious to one having ordinary skill in the art at the time of the invention to have combined the processing and sending signals with the user may increase or decrease the waveform amplitude with the motivation of gaining control (Albert et al (2); col. 7, lines 58-60).

J. As per claim 26, Albert et al. discloses the method, as recited in claim 2, after the step (e), further comprising a step (f) of feeding back a responsive health information of said registered user to said service provider for controlling and adjusting properties of said digital treatment signals of said treatment information data package to be sent from said service provider to said information connection system of said registered user (Albert et al; col.8, lines 20-30).

The obviousness of modifying the teaching of Albert et al. to include the controlling and adjusting properties of said digital treatment signals (as taught by Albert et al. (2)) is as addressed above in the rejection of claim 25 and incorporated herein.

K. As per claim 27, Albert et al. discloses the method, as recited in claim 3, after the step (e), further comprising a step (f) of feeding back a responsive health information of said registered user to said service provider for controlling and adjusting properties of said digital treatment signals of said treatment information data package to be sent from said service provider to said information connection system of said registered user (Albert et al; col.8, lines 20-30).

The obviousness of modifying the teaching of Albert et al. to include the controlling and adjusting properties of said digital treatment signals (as taught by Albert et al. (2)) is as addressed above in the rejection of claim 25 and incorporated herein.

L. As per claim 28, Albert et al. discloses the method, as recited in claim 4, after the step (e), further comprising a step (f) of feeding back a responsive health information of said registered user to said service provider for controlling and adjusting properties of said digital treatment signals of said treatment information data package to be sent from said service provider to said information connection system of said registered user (Albert et al; col.8, lines 20-30).

The obviousness of modifying the teaching of Albert et al. to include the controlling and adjusting properties of said digital treatment signals (as taught by Albert et al. (2)) is as addressed above in the rejection of claim 25 and incorporated herein.

L. As per claim 29, Albert et al. discloses The method, as recited in claim 23, after the step (e), further comprising a step (f) of feeding back a responsive

health information of said registered user to said service provider for controlling and adjusting properties of said digital treatment signals of said treatment information data package to be sent from said service provider to said information connection system of said registered user.

The obviousness of modifying the teaching of Albert et al. to include the controlling and adjusting properties of said digital treatment signals (as taught by Albert et al. (2)) is as addressed above in the rejection of claim 25 and incorporated herein.

M. As per claim 30, Albert et al. discloses the method, as recited in claim 24, after the step (e), further comprising a step (f) of feeding back a responsive health information of said registered user to said service provider for controlling and adjusting properties of said digital treatment signals of said treatment information data package to be sent from said service provider to said information connection system of said registered user.

The obviousness of modifying the teaching of Albert et al. to include the controlling and adjusting properties of said digital treatment signals (as taught by Albert et al. (2)) is as addressed above in the rejection of claim 25 and incorporated herein.

N. As per claim 31, Albert et al. discloses the method, as recited in claim 25, wherein the step (f) further comprises the steps of:

(f-1) detecting a current health information of said registered user during said biological treatment (Albert et al; col.2, lines 17-19);

(f-2) sending said detected current health information to said information connection system as said responsive health information (Albert et al; col.2, lines 25-28);

(f-3) feeding said responsive health information back to said service provider from said information connection system through said public network (Albert et al; abstract and col.2, lines 9-14);

(f-4) evaluating said digital treatment signals of said treatment information data package sent to said computer of said registered user with respect to said received responsive health information (Albert et al; col.2, lines 55-59);

(f-5) adjusting said digital treatment signals of said treatment information data package to modified treatment information data package which contains updated digital treatment signals; and

(f-6) sending said modified treatment information data package to said information connection system of said registered user through said public network so as to transmit said updated digital treatment signals to said information connection system to update said control of said treatment instrument.

The obviousness of modifying the teaching of Albert et al. to include the controlling and adjusting properties of said digital treatment signals (as taught by Albert et al. (2)) is as addressed above in the rejection of claim 25 and incorporated herein.

O. Claims 32 to 34 are rejected with the same reasons as explained in the rejection of claim 25 and incorporated herein.

P. As per claims 35 to 38, Albert et al. discloses the method, as recited in claim 31-32 –33-34 respectively, wherein after the step (f-1) and before the step (f-2), said current health information detected are analog signals which are converted into digital signals of said responsive health information for transmitting back to said service provider through said public network (Albert et al; col.2, lines 48-55).

Q. As per claims 39 to 42, Albert et al. discloses the method, as recited in claim 25-26-29-30 respectively, wherein said responsive health information of said registered user is obtained by requesting said registered user to input said responsive health information, including a feeling, progress and symptom of said registered user, so as to control and adjust said digital treatment signals of said treatment information data package to be sent from said service provider to said information connection system of said registered user (Albert et al; col.2, lines 16-18 and 29-33).

R. As per claim 46 and 47, Albert et al. discloses the system, as recited in claim 43 and 44 respectively, further comprising a decoder connected between said information connection system and said treatment instrument which is an independent analog instrument, wherein said decoder converts said digital treatment signals received by said information connection system from said service provider to respective analog signals to control said treatment of said treatment instrument.

The obviousness of modifying the teaching of Albert et al. to include the digital to analog converter (as taught by Albert et al. (2)) is as addressed above in the rejection of claim 2 and incorporated herein.

8. Claim 7, 11, 19 rejected under 35 U.S.C. 103(a) as being unpatentable over Albert et al. (U.S. Patent No. 6,264,614,B1) in view of Chan et al. (U.S. Patent Publication No. 2001/0039503 A1).

A. As per claim 7, Albert et al. discloses the method, as recited in claim 3, wherein said personal health information of each of said registered users includes personal physical information and a recent body test record of said respective registered user, and said health information profile of each of said registered users further comprises a diagnosis file recording a personal diagnosis information of said respective registered user (Albert et al; col.9, lines 34-39).

Albert et al. and Albert et al (2) both fail to expressly teach personal physical information and a recent body test record, per se, since it appears that Albert et al. is more directed to teach database which stores medical data for the patients (Albert et al; col.9, lines 34-39). However, this feature is well known in the art, as evidenced by Chan et al.

In particular, Chan et al. discloses a method and system for managing chronic disease and wellness online wherein, diagnostic test results and medical records are to be received from the user (Chan et al.; par. 0073)

and personal questions are posted to the user including age, gender and medical history (Chan et al.; par. 0077)

It would have been obvious to one having ordinary skill in the art at the time of the invention to have combined the medical data of the patients with the diagnostic test results and personal information with the motivation of each account having set up for the desired health condition(s) so that the modules can be configured therefore.

B. As per claim 11, Albert et al. discloses the method, as recited in claim 1, wherein the treatment information database includes a plurality of treatment information with respect to different kinds of classified health problem and diseases, wherein said treatment information is stored as said treatment information data package (Albert et al; col.9, lines 34-39).

Albert et al. fails to expressly teach treatment information database, per se, since it appears that Albert et al. is more directed to teach database which stores medical data for the patients (Albert et al; col.9, lines 34-39). However, this feature is well known in the art, as evidenced by Chan et al. In particular, Chan et al. discloses a method and system for managing chronic disease and wellness online wherein, each IHMT (Intelligent health management technology) module is focused on a specific disease, medical condition (Chan et al.; par. 0041).

It would have been obvious to one having ordinary skill in the art at the time of the invention to have combined the database which stores medical

data for the patients with modules which each is focused on a specific disease, medical condition with the motivation of decision support for the providers and the modules can communicate with each other and interchange data with each other.

C. As per claim 19, Albert et al. discloses the method, as recited in claim 17, wherein after said verification of said registered user, said service provider recognizes said registered user and admits said registered user to make said treatment request to said service provider at said information connection system through said public network, wherein in responsive to said treatment request of said registered user, said service provider sends said respective registered user a treatment page which may include a list of said health problems and diseases that said registered user suffers, treatment opinions from doctors, recommendation of beneficial foods and activities for each of said listed health problems and diseases of said registered user, recommended biological treatments with respect to said listed health problems and diseases that said registered user suffers respectively, and information of suggested treatment instrument for executing each recommended biological treatment (Albert et al; col.10, lines 37-40 and 51-59).

Albert et al. fails to expressly teach sending treatment opinions to the patients, per se, since it appears that Albert et al. is more directed to teach a medical data acquisition and transmission program which the patients

can download (Albert et al; col.10, lines 37-40 and 51-59). However, this feature is well known in the art, as evidenced by Chan et al.

In particular, Chan et al. discloses a method and system for managing chronic disease and wellness online wherein, each IHMT (Intelligent health management technology) module is focused on a specific disease, medical condition (Chan et al.; par. 0041).

It would have been obvious to one having ordinary skill in the art at the time of the invention to have combined the medical data acquisition and transmission program with modules which each is focused on a specific disease, medical condition with the motivation of decision support for the providers and the modules can communicate with each other and interchange data with each other.

8. Claims 8, 12, 20 rejected under 35 U.S.C. 103(a) as being unpatentable over Albert et al. (U.S. Patent No. 6,264,614,B1) in view of Albert et al. (U.S. Patent No. 5,735,285) as applied to claim 2 above, and further in view of Chan et al. (U.S. Patent Publication No. 2001/0039503 A1).

A. As per claim 8, Albert et al. discloses the method, as recited in claim 4, wherein said personal health information of each of said registered users includes personal physical information and a recent body test record of said respective registered user, and said health information profile of each of said registered users further comprises a diagnosis file recording a personal diagnosis information of said respective registered user (Albert et al; col.9, lines 34-39).

The obviousness of modifying the teaching of Albert et al. to include the diagnostic test results and personal information (as taught by Chan et al.) is as addressed above in the rejection of claim 7 and incorporated herein.

B. As per claim 12, Albert et al. discloses the method, as recited in claim 2, wherein the treatment information database includes a plurality of treatment information with respect to different kinds of classified health problem and diseases, wherein said treatment information is stored as said treatment information data package.

The obviousness of modifying the teaching of Albert et al. to include the modules which each is focused on a specific disease, medical condition (as taught by Chan et al.) is as addressed above in the rejection of claim 11 and incorporated herein.

I. As per claim 20, Albert et al. discloses the method, as recited in claim 18, wherein after said verification of said registered user, said service provider recognizes said registered user and admits said registered user to make said treatment request to said service provider at said information connection system through said public network, wherein in responsive to said treatment request of said registered user, said service provider sends said respective registered user a treatment page which may include a list of said health problems and diseases that said registered user suffers, treatment opinions from doctors, recommendation of beneficial foods and activities for each of said listed health problems and diseases of said registered user, recommended biological

treatments with respect to said listed health problems and diseases that said registered user suffers respectively, and information of suggested treatment instrument for executing each recommended biological treatment.

The obviousness of modifying the teaching of Albert et al. to include the modules which each is focused on a specific disease, medical condition (as taught by Chan et al.) is as addressed above in the rejection of claim 19 and incorporated herein.

9. Claims 48-49 are rejected under 35 U.S.C. 103(a) as being unpatentable over Albert et al. (U.S. Patent No. 6,264,614,B1) in view of Khaled et al. (U.S. Patent No. 5,416,804).

A. As per claim 48, Albert et al. discloses the system, as recited in claim 46, wherein said treatment instrument 10 comprises a power source and an information input connection, and said decoder is an internal decoder installed in said information connection system and provides a data outlet port to be connected to said information input connection of said treatment instrument.

Albert et al. fails to expressly teach internal decoder, per se, since it appears that Albert et al. is more directed to teach running a program that processes the signals or decodes them (Albert et al; col.2, lines 22-26). However, this feature is well known in the art, as evidenced by Khaled et al.

In particular, Khaled et al. discloses a digital signal decoder that includes decoding stages which, respectively operate on the successive portion

partitioning levels of constellations where one stage includes an internal decoder and external decoder decoding in accordance with an outer code (Khaled et al.; abstract, col. 5, lines 32-42 and fig 5)

It would have been obvious to one having ordinary skill in the art at the time of the invention to have combined running a program that processes the signals or decodes them with internal and external decoders with the motivation of internal decoder providing optimum efficiency and external decoder benefits from the error correlation at the output of the internal decoder (Khaled et al.; abstract, col. 4, lines 50-53).

B. As per claim 49, Albert et al. discloses the system, as recited in claim 46, wherein said decoder is an external decoder physically connected between said information connection system and said treatment instrument.

The obviousness of modifying the teaching of Albert et al. to include the an internal decoder and external decoder (as taught by Khaled et al.) is as addressed above in the rejection of claim 48 and incorporated herein.

10. Claims 50-51 are rejected under 35 U.S.C. 103(a) as being unpatentable over Albert et al. (U.S. Patent No. 6,264,614,B1) in view of Swing (U.S. Patent No. 6,522,929 B2).

A. As per claim 50 and 51, Albert et al. discloses the system, as recited in claim 43 and 46 respectively, wherein said treatment instrument is an electrical acupuncture device for operating electrical acupuncture treatment.

Albert et al. fails to expressly teach an electrical acupuncture, per se, since it appears that Albert et al. is more directed to teach a small, inexpensive, hand-held heart monitor device (Albert et al; col.2, lines 19-22). However, this feature is well known in the art, as evidenced by Swing. In particular, Swing discloses a treatment of peripheral vascular disease, leg cramps and injuries using needles and electrical stimulation which teaches method of healing injuries using electrical stimulation and acupuncture (Swing; par.0011)

It would have been obvious to one having ordinary skill in the art at the time of the invention to have combined small, inexpensive, hand-held device with method of healing injuries using electrical stimulation and acupuncture with the motivation of acupuncture needles are used to dissipate pain on specific muscles and nerves (Swing; par.0007).

11. Claims 52-53 are rejected under 35 U.S.C. 103(a) as being unpatentable over Albert et al. (U.S. Patent No. 6,264,614,B1) in view of Bologna (U.S. Patent Publication 2003/0023129).

A. As per claim 52 and 53, Albert discloses the system, as recited in claim 43 and 46 respectively, wherein said treatment instrument is an electromagnetic wave generator for producing electromagnetic waves with a predetermined frequency, ranging from 1 Hz to 530,000 Ghz, and intensity, ranging from 1 mV to 10 mV.

Albert et al. fails to expressly teach an electromagnetic wave generator, per se, since it appears that Albert et al. is more directed to teach a waveform display (Albert et al; col.9, lines 1-7). However, this feature is well known in the art, as evidenced by Bologna.

In particular, Bologna discloses a generator of electromagnetic waves for medical use for personal physical and psychological wellbeing (Bologna; par.0026) and electrical signals at a frequency in the range 0.5 to 25Hz (Bologna; par.0011)

It would have been obvious to one having ordinary skill in the art at the time of the invention to have combined waveform display with a generator of electromagnetic waves with the motivation of electromagnetic wave generator is being reliable and safe (Bologna; par.0026).

Conclusion

12. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure. The cited but not used prior art teach "Method and system for reversing physiological changes in human beings using acupuncture and hypnosis" 6,237,603 B1, "Method and apparatus for photon therapy" 6,221,095 B1, "Computerized medical diagnostic and treatment advice system including network access" 6,022,315 A, "Patient monitor and support system" 5,558,638 A, "System for monitoring and reporting medical measurements" 5,549,117 A, "Networked health care and monitoring system" 5,410,471 A, "System for monitoring patient by using LAN" 5,038,800 A, "Interactive patient assistance and medication delivery systems responsive to the physical

environment of the patient" 5,036,462 A, "Interactive patient assistance device" 4,933,873 A, "Electrotherapy acupuncture apparatus and method" 4,556,064 A, "Electrical treatment method" 4,446,870 A.

13. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Dilek B. Cobanoglu whose telephone number is 571-272-8295. The examiner can normally be reached on 8-4:30.

14. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 571-272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

15. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

DBC
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